

1. First Name

FY 2004 Application

Individual Artist (Al Smith) Fellowship Program

Deadline: September 15, 2003

Please refer to the Guidelines/Instructions accompanying this application.

2.	Last Name			
3.	Salutation	Miss Ms.	☐ Mrs. ☐ Mr. ☐ Dr.	
4.	Mailing Address			
5.	City			
6.	State		7. Zip Code - Plus 4	
8.	County			
9.	Phone Number			
10.	Second Phone Number (optional)			
11.	Fax Number			
12.	E-mail Address			
13.	3. Legislative District Number of Applicant (as determined by applicant's mailing address):			
	District numbers, please refer t	o this web site: www.vo	#3 #4 #5 #6 itch McConnell (R) se District, or U.S. Congressional ote-smart.org/index.phtml or call your	
	County Clerk's office for this in	formation		
K	AC Staff Use Only			
2. 3 4.	App. #	. Activity <u>03</u>	• AIE Description N/A 14. Proj. Descriptors N/A	
5. 6.		Project Race 99 Grant Program AS	<u>F</u>	

	Artist's Name			
		Aitist	Individual Artist Fellowship/Application /	COUNCI
14.	Web Address	http://		
15.	Social Security Number			
16.	Grantee Race/Ethnicity: Choose the code(s) that best representation. American Indian/Alaska Nativ	(/ •	race/ethnicity. Select ALL that apply. Asian	
	☐ Native Hawaiian/Pacific Islan☐ Hispanic/Latino		☐ Black/African American ☐ White	
17.	7. Indicate your discipline or medium for application purposes. Check ONE only:			
	s column for Sept. 15, 2003 deadline of SUAL ART 2-D Drawing Mixed Media Painting Photography Printmaking	nly.	This column for Sept. 15, 2004 deadline of LITERARY WORKS Creative Non-Fiction Fiction Playwriting/Scriptwriting Poetry Libretto	nly.
VI	SUAL ART 3-D		☐ CHOREOGRAPHY	
	Craft Installation Mixed Media Sculpture EXPERIMENTAL/NEW GEN	RF (2D or 3D	☐ MUSICAL COMPOSITION ☐ INTERDISCIPLINARY WOR	K
		KE (2D 01 3D)	,	
	E DIA ART Film or Video Audio			
18.	Please include my slides in the pu	ıblic viewing	of applicants' work. (Visual Arts only).	
19.	. Please return my work samples after Fellowship decisions have been made. I have enclosed a postage-paid return mailer with sufficient postage. (Please note that the work samples of those receiving Fellowships will be kept on file at the Kentucky Arts Council.) [YES			
Ap	pplicant Signature			
kno	, ,	tucky Arts Co	eres are true and complete to the best of my puncil to duplicate any supporting materials	

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Applicant Signature ______ Date _____

All signatures must be in RED ink.

Instructions for Completing Application Narrative

To assist panelists in reading your application, duplicate the number and heading of each Performance Expectation. For example, type "2. Professional Achievement" before your written response to #2. Place your name and the words "Individual Artist Fellowship Program" on the upper right-hand corner of each page.

Application Narrative

Please respond to #2 and #3 of the Performance Expectations listed below on a total of two pages. You are encouraged to make your answers complete but concise.

For Fellowship Applications, please note that #1, the "Artistic Excellence" criterion (worth 75%) is determined solely through the work samples submitted. No written response is required for #1.

2. Professional Achievement (15%):

- Describe your arts background and artistic experiences, motivations and influences.
- Describe your professional arts accomplishments including exhibitions, screenings, published works, recordings, performances, awards, or other recognition you have received.
- Describe your plans and goals, in terms of your artwork, for the Fellowship period (January 1 to December 31, 2004) and beyond.

3. Enhancement of the Artist (10%):

• Describe how this Fellowship would enhance your development as an artist.

As stated in the *Application Checklist* on the following page, applicants are encouraged to enclose a two-page (maximum) copy of your resume or bio *in addition to* the Application Narrative.

Application Checklist

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following mandatory information:

Req	uired Materials:
	Individual Artist Fellowship Application and two-page Narrative response. (One signed original complete with name and one copy with name blocked out for use with the blind jurying process).
	Work Samples. (Please refer to the Instructions for the format, and number of work samples and requirements for submission.)
	Work Sample Index. (One copy complete with name and one copy with name blocked out for use with the blind jurying process).
Opt	ional Materials:
	Resume or Bio (no more than two pages). (One copy complete with name and one copy with name blocked out for use with the blind jurying process).
	Self-addressed, stamped mailer (if you wish supporting materials or work samples returned).

Mailing Address for Completed Application

Kentucky Arts Council Old Capitol Annex, 2nd Floor 300 West Broadway Frankfort, KY 40601-1980

Work Samples

 $(\triangle = audio \quad \nabla = video \quad \diamondsuit = slides)$

AUDIO/VIDEO/FILM WORK SAMPLE REQUIREMENTS

▲ Audio: Compact Disc

Applicants must submit three copies of each work sample. Three different works may be submitted. Applicants providing work on CD's may include three cuts on each CD. When submitting CDs, indicate the tracks for review.

▲ *Audio: Cassettes*

Applicants providing work on cassettes must submit works on separate tapes. (One work per tape for a total of nine cassettes). When submitting audio cassettes, cue the tape to the desired place.

NOTE: If you are applying for the Fellowship Program, works in their entirety must be submitted. Label each tape or CD case with your name, title of work(s), total running time and date completed. Label the cassette tape or disk ONLY with the title of work(s). Make sure that this information matches the information on the Work Sample Index page. <u>Do not include your name on the audio or video samples.</u>

▼ Film/Video: VHS videotape:

Applicants may submit up to three sample works. Each work must be submitted on a separate VHS tape and three copies of each work must be provided. (For example, if submitting three different samples, three VHS copies of each work should be submitted for a total of nine VHS tapes). A work-in-progress may be included as one sample, however, it should not be the sole work sample submitted.

Film and Video samples must be submitted on standard VHS tape. Work submitted on other formats will not be reviewed by the panel.

Label the tapes with the title of the production, total running time and date completed. This information must also be typed on the Audio/Video/Film Work Sample Index.

NOTE: If you are applying for the Fellowship Program, works in their entirety must be submitted. <u>Do not include</u> your name on the audio or video samples.

♦ SLIDE WORK SAMPLE REQUIREMENTS

The importance of quality slides cannot be overemphasized. Your artwork is evaluated through the slides that you submit, therefore, good slides are extremely important! Your slides should not contain any extraneous material --- the walls or doorway or the gallery it is hung in should not be evident in the slide. The frame of the artwork should not be included unless it is integral to the work itself. The most effective slide presentation is one that shows panelists a cohesive,



consistent, developing body of your latest work. Select slides representative of your style and sequence your slides in a way that will enhance the panelist's understanding of the direction of your work, and draw their attention to your most significant pieces.

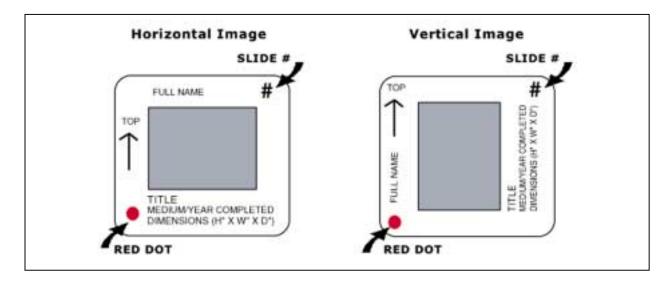
Submit 2" x 2" slides of recent work and number them in the order you want them to be projected during the panel review. The KY Arts Council will retain the slides of award and grant recipients so **do not send originals**. The slides must be in good condition, mounted in sturdy plastic, which is less subject to damage.

Label the front of the slides providing the information requested. Type or neatly print in the exact format shown in the example below. When applying labels, position them carefully so they do not curl over the edges of the slide mount, which can cause sticking and jamming. Information on slides must correspond in sequence with the slide list.

- Print or type your full name in the upper left corner.
- Number the slides in the upper right corner of the slide mount.
- Place a red dot in the lower left corner to ensure that slides are oriented properly in the carousels. The dot must be large enough to be clearly seen. Use Avery 1/4" red dots or a red pen.
- Draw an arrow in the left margin of the slide mount indicating the top of the image.
- The bottom of slide should be marked with Title/Medium/Year Completed, and Dimensions (H" x W" x D")

Place your slides in a 9" x 11" slide sheet, labeled with your name. The pockets should hold the slides securely. Loose slides or slides in boxes will not be accepted.

HOW YOUR SLIDES SHOULD LOOK:



KENTUCKY ARTS COUNCIL AUDIO OR VIDEO WORK SAMPLE INDEX

Applicant's Name:				
Address:				
City: State: Zip code - Plus 4:				
Day Phone: E-Mail:				
Program for which samples are being submitted:				
Check appropriate work sample documentation category:				
☐ Audio Cassette ☐ Video ☐ CD				
WORK SAMPLE 1				
1. Title of Work:				
2. Brief description:				
3. Applicant's role/responsibility in the work:				
Dates created, composed, performed, produced, or premiered:				
5. Is this an Entire work <i>or a</i> Segment:				
Total running time of complete work:				
Total running time of segment:				
8. Did you cue tape?				



WORK SAMPLE 2 1. Title of Work: 2. Brief Description: 3. Applicant's role/responsibility in the work: 4. Dates created, composed, performed, produced, or premiered: 5. Is this an \square Entire work *or a* \square Segment: 6. Total running time of complete work: 7. Total running time of segment: 8. Did you cue tape?_____ **WORK SAMPLE 3** 1. Title of Work: 2. Brief Description: 3. Applicant's role/responsibility in the work: 4. Dates created, composed, performed, produced, or premiered: 5. Is this an Entire work *or a* Segment: 6. Total running time of complete work: 7. Total running time of segment:

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8. Did you cue tape?

KENTUCKY ARTS COUNCIL SLIDE INDEX

Applicant's Name:					
Address:					
Ci	ty:	State:	_ Zip code - Plus 4:		
Da	ay Phone:	E-Mail:			
Pro	ogram for which samples are be	eing submitted:			
		nformation. List the specific medium include additional details about each			
1.	Title:		Date:		
	Dimensions:	Medium:			
	Comments:				
2.	Title:		Date:		
	Dimensions:	Medium:			
3.	Title		Date:		
٥.	· · · ·	Madium			
	Comments:				
4.	Title:		Date:		
	_				

5.	Title:	Date:
	Dimensions:	
	Comments:	
6.	Title:	Date:
	Dimensions:	
	Comments:	
7	Title	Date
<i>,</i> .	Title: Dimensions:	
	Comments:	
8	Title:	Date:
	Dimensions:	
	Comments:	
9	Title:	Date:
,	Dimensions:	
	Comments:	
10.	Title:	
	Dimensions:	
	Comments:	